MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

3/17/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52			1				
3							53			1				
4							54			1				
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64			1				
15							65			1				
16							66			1				
17							67			1				
18							68			1				
19							69							
20							70							
21							71							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.		3					
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS		4					